



FOP Sworn Deputy Unit

Request for Vacation Cash Out

Directions

- This form needs to be completed in its entirety including your signature to be processed.
- This form must be submitted by emailing benefits@lakecountvil.gov between February 1st and February 28th.

Employee Information

Name (Last, First, MI)

Assignment Number:

Job Title:

Email:

Please review the points below, by signing below you are confirming you were informed of this information.

- I have 42.50 hours in my Vacation bank as of March 1st to fulfill this request.
- This will be paid out in a lump sum payment by March 31st.
- I understand my vacation bank will be deducted 42.50 vacation hours at the time of payment.
- I understand my submission will not be processed until after March 1st.

Print Name: _____

Signature: _____ Date: _____